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 Division of Nursing Services (DONS)  
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<b>Electronic Visit Verification (EVV)</b> <b><i>Home Health Program</i> Frequently Asked Questions</b>	
<b>LTSS PROVIDER PORTAL/EVV MOBILE APP</b>	
<b>Is MDH using a specific aggregator that will allow agencies to submit EVV data via a 3rd party vendor? We have an EMR vendor that is actively meeting EVV requirements for various states. Is the EVV overview presented as an alternative for agencies not using an EMR vendor?</b>	It is not an alternative. The ISAS Maryland EVV system is the only system in which Maryland Medicaid may currently reimburse providers.
<b>Will the app be available before EVV gets implemented?</b>	The app and Provider Porter are available now to give providers the opportunity to set up staff profiles and participant information.
<b>Are provider staff required to enable location access for the EVV mobile app?</b>	Yes. The EVV mobile app will not work unless the location is enabled.
<b>Does the app work on an iPad with Cellular data?</b>	It may work on your iPad, but the app was not built for or tested on tablets, and it is not currently being supported for other devices.
<b>What happens if the staff forget their password? Does the provider administrator have to reset it or can the staff reset it themselves?</b>	Staff should use the "Forgot Password" function on the app to reset and get access to their account once created. Provider administrators are responsible for giving staff permission to access the mobile app.
<b>If 2 different services are provided for the participant at the same time, is that an overlapping of services?</b>	No, it is only an overlap if it is the same service type.
<b>When home health services are not rendered in the participant's home address, but a temporary address (i.e. family caregiver's home), what does the staff select as the location?</b>	At this time, staff should make their provider admin aware that services will be rendered at another location other than the participant's primary residence and therefore a manual entry is required. MDH is working on adjusting the EVV app to allow HH staff to select "In the

	community” if applicable when services are being rendered.
<b>Is the Home Health provider required to upload a Physician Order to bill for services?</b>	No, uploading a signed physician order is not required to bill for services. It may be required after services have been initiated to resolve billing issues when they occur.
<b>Is EVV required for participants enrolled in Maryland Medicaid Managed Care Organizations (MCO)?</b>	At this time, EVV is only required for Maryland Medicaid fee-for-service (“straight Medicaid”) participants.
<b>REFERRING PROVIDERS</b>	
<b>Is the referring provider automatically put into the authorization so that it is included in the billing?</b>	No, the provider (PDN agency) is required to enter the referring provider’s information.
<b>When searching for the referring provider, will the system show out of state locations? Inactive status?</b>	Yes, the system will show active enrolled providers and those providers with an inactive status.
<b>Can the agency add the referring provider once for a participant and cover all services?</b>	Each service type must have a referring provider added for it individually. The same referring provider can be used for services if they are different and for a different span of time.
<b>CLAIMS</b>	
<b>When should providers expect claims to be processed and receive payment?</b>	The pay/work week will be Thursday through Wednesday weekly (12am Thursday - 11:59pm Wednesday). Providers will be paid on a weekly basis (services registered each Thursday through Wednesday). Claims will be processed and go to the Medicaid Management Information System (MMIS) the following Saturday. Providers should receive payment the following week (date depending on your bank) based on that week's claims. Reimbursement (i.e. direct deposit, etc.) will remain the same and the 835 is from MMIS so that should continue.
<b>Is October 19th a soft date or will claims be rejected as of that date?</b>	There is no soft date. November 30th is the new launch date.
<b>When will claims begin to be denied?</b>	Claims may be rejected once the system launchse on November 30, 2023.

<p><b>Can providers see historical claims after the launch date, November 30, 2023?</b></p>	<p>Providers will continue to view historical claims in eMedicaid.</p>
<p><b>With LTSS, we are currently not dealing with billing, MDH does. What would be the difference?</b></p>	<p>LTSS Maryland is designed so that the clock-in and clock-out entries link to the participant's service authorization to ensure that those services are appropriately rendered by your agency in accordance with the participant's approved PDN hours. The LTSS Maryland data system transfers this information to the MMIS claims system where the claim will be adjudicated.</p>
<p><b>How will we know when the missing time is paid?</b></p>	<p>First, you will see the MTR enter a closed status that will let you know that the MTR was approved. Then it will become a claim and if the claim is approved for payment it will have a paid status.</p>
<p><b>What happens when a participant is receiving services and their Medical Assistance number is not active at the time services are provided or not in LTSS?</b></p>	<p>HH Provider staff are still able to clock in and out if they have the Medical Assistance number of a participant that is not active on that date of service. The claim will be pending until the participant's MA becomes active. Once the participant's Medical Assistance becomes active the claim will be processed if the MA is active for the date(s) of service.</p> <p>If the participant does not have a MA number at the time of service then MDH will upload that participant's MA number and complete the manual entry.</p> <p><b>See the following information for requests to add participants to the LTSSMaryland.</b></p> <p><b>Form for Reporting Missing Clients in LTSSMaryland:</b></p> <ul style="list-style-type: none"> <li>- <a href="https://forms.gle/99LbULFgJvkr9sWs7">https://forms.gle/99LbULFgJvkr9sWs7</a></li> <li>- Link will also be located on the home page of Provider Portal</li> </ul>
<p><b>How are supplies billed?</b></p>	<p>Please continue to bill for supplies via the UB-04 and electronic billing.</p>

<p><b>How do providers bill for services prior to the November 30 launch date compared to services after the launch date?</b></p>	<p>This is determined by the <b>date of service</b> the agency is billing for. For dates of service prior to November 30, agencies should continue billing via MMIS, as they currently do.</p> <p>For dates of service after November 30, providers should bill using the LTSSMaryland Provider Portal and EVV system.</p>
<p><b>EXCEPTIONS/MISSING TIME REQUESTS</b></p>	
<p><b>Will there be a maximum amount of exceptions for any agency penalized or the claim is denied?</b></p>	<p>Yes, up to six (6) missing time requests (MTRs) (each clock-in and clock-out will be considered as one (1)). When staff miss a full shift, that will count as two (2) MTRs. Each agency is allowed six (6) MTRs per month, per staff, NOT for each participant. Any MTRs over the 6 allowed may result in denied claims.</p>
<p><b>How do we determine who can perform manual entry; or is that enabled for everyone?</b></p>	<p>One provider administrator is enabled by MDH. Additional agency administrators and billing staff must be enabled by that provider administrator.</p>
<p><b>If the staff misses either clock-in or clock-out, how is this resolved?</b></p>	<p>Agency administrators/billing staff may enter the clock-in and clock-out times manually.</p> <ul style="list-style-type: none"> <li>● <b>Missing Time Submission Deadline:</b> Missing Time Requests (MTRs) must be submitted within 30 calendar days from the original Date of Service.</li> <li>● <b>Six (6) Missing Time Limit:</b> Unless a valid and verifiable excuse is given, MDH will only approve up to 6 MTRs per month per clinical staff.</li> </ul>
<p><b>If a staff member goes over the limit, what is the penalty? Will the claim be rejected if there is no recourse?</b></p>	<p>As noted above, unless a valid and verifiable excuse is given, MDH will only approve up to 6 MTRs per month per clinical staff. Any MTRs over the 6 allowed may result in denied claims.</p> <p>This policy only impacts future manual entries during that month. Once the 6 limit is reached, future unexcused manual entries will not be</p>

	reimbursed. However, any future entries via the EVV solution will pay as normal.
<b>Will there be a grace period for the manual entry limit after the EVV launch?</b>	<p>There is a 6 month grace period in which the 6 manual entry limitation and the 30 day submission deadline are waived.</p> <p>It is, however, the expectation of MDH that the provider communicates with their staff to adhere to clock-in policies required for the Medicaid program.</p>
<b>What about rural locations with no Wi-Fi service? Is the agency penalized for having manual entries in this scenario?</b>	There may be exceptions allowed in these types of instances. It is not our intent to penalize direct service workers, however, it is federally required that all home health and PDN providers use the EVV solution.
<b>STAFF PROFILES</b>	
<b>In the staff profiles, how are out-of-state licenses entered?</b>	The DONS is aware of the character limitation in the licenses field. The correction is expected in November 2023. If possible, please enter the state's abbreviation in front of the license number.
<b>If we have a clinician with an expired license, will it prevent them from clocking in and out?</b>	No, they can still clock in/out. An exception is generated and cannot be processed for payment until or unless the license is updated.
<b>Do staff names have to match what is in the LTSS system to their nursing license?</b>	MDH recommends matching the staff name to the license. This ensures MDH and the provider can look up information as necessary. However, the system will not require the clinician's name to match their license.
<b>If we have a clinician with an expired license, will it prevent them from clocking in and out?</b>	No, they can still clock in/out. An exception is generated and cannot be processed for payment until or unless the license is updated.
<b>What if a staff member doesn't want to supply their social security number?</b>	The LTSSMaryland system has required SSN entry for caregiver staff since 2013 for providers serving participants in other Medicaid

	programs. This is necessary to confirm staff identity because we must track staff's employment and clock-in/out times across multiple agencies. This is required to prevent fraud due to unauthorized individuals clocking in for the staff and duplicative billing across multiple agencies.
<b>What disciplines are covered by EVV?</b>	Home Health services covered include: RN, HHA, PT, SP, and OT. These can be found under the service provider type.

### **21st Century Cures Act**

It is a federal requirement for ALL states mandated by the **21st Century Cures Act** to promote fiscal integrity in HCBS Waivers and Medicaid programs. The **21st Century Cures Act** mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. [Click here](#) to view more information about the **21st Century Cures Act**.

### **EVV Training Videos**

- [Creating a user account for LTSSMaryland EVV Mobile](#)
- [Clocking in and out with LTSSMaryland EVV Mobile](#)
- [Adding a Participant and other functions](#)
- [Staff Creation](#)

**EVV questions should be directed to Shauna Thompson, Administrator IV of the MDH-DONS at 410-767-1448 or [mdh.preauthorizations@maryland.gov](mailto:mdh.preauthorizations@maryland.gov).**

### **Contacts and Resources**

<b>Billing and Policy Questions</b>	<b>LTSSMaryland Provider Billing Support Office</b> <b>MDH.LTSSBilling@maryland.gov</b> <b>410-767-1719</b>
<b>Technical Issues</b> <b>How to Questions</b> <b>Account Registration</b>	<b>LTSSMaryland Help Desk</b> <b>ltsshelpdesk@ltssmaryland.org</b> <b>1-855-463-5877</b>
<b>Register for Direct Deposit</b> <b>Missing Checks</b>	<b>Maryland Controller</b> <b>1-800-638-2937</b> <b>410-260-7980</b>